

Request for Renewal of Coverage Under Ecology's Baseline General Permit for Discharge of Stormwater Associated with Industrial Activity

Current Information On File For Your Facility				
Permit No: SO300094	191			
OPERATOR ***		II. OWNER/REPRESENTATIVE OF FACILITY		
Name: PUGET SOUND TRUCK LINES INC SEA		Name: PUGET SOUND TRUCK LINES, INC.		
Mailing Address: 7303 8TH AVE. S.		Mailing Address: P.O. BOX 24526		
City: SEATTLE	Zip + 4: 98108	City: SEATTLE		
Contact Person: Dave Eaden	Phone No.: 2066231600	Zip + 4: 98124-0526		
MIII. FACILITY ADDRESS		Contact Person:	Phone No.:	
Facility Name: PUGET SOUND TRUCK LINES INC SEA				
Street Address: 7303 8TH AVE. S.				
City: SEATTLE	Zip + 4: 98108]		
County: KING	Phone No.: 2066231600			

Update Information Section					
MANDATORY: Please complete section IV. BILLING ADDRESS, below. (PLEASE PRINT IN INK OR TYPE)					
above, enter the correct		s to sections I, II, or III section below. Place an nabove is correct.			
PARTOR (SPECIAL PROPERTY)		IL OWNER/REPRESENTATIVE OF FACILITY			
Name:		Name:			
Mailing Address:		Mailing Address:			
City:	Zip + 4:	City:	Zip + 4:		
Contact Person:	Phone No.:	Contact Person:	Phone No.:		
III. FACILITY ADDRESS		IV. BILLING ADDRESS			
Facility Name:		Name:	٠.		
Street Address:					
City:	Zip + 4:	Address: ,			
County:	Phone No.:	City: Zip	0 + 4: Phone No.:		

Note: Please complete back side of this form even if you have no changes or corrections above.



Complete th	e Following:				
Has the Primary Standard Industrial Classification (SIC) for your facility changed? □ Yes ☑ No If yes, new SIC:					
2. Type of Business:					
3. Unified Business Identifier Number (UBI): 578-017-519					
 4. A. Have you written a Stormwater Pollution Prevention Plan (SWPPP)? ☑ Yes (Go to next question) ☑ No (Go to the Certification Statement at the bottom) 					
 B. Have you completed implementation of all operational Best Management Practices (BMP's) and all applicable source control BMP's which do not require capital improvements? ☑ Yes ☐ No 					
C. Are Capital Improvements included in the SWPPP? ☑ Yes ☐ No					
5. What is the total size of the industrial area of your site in acres?					
Certification of Permittee(s)					
"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."					
	(If Co-Permittee)				
Operator's Printed Name: Truck The Jux	Owner's Printed Name:				
Signature: Signature:					
Title Date: 5/19/95	Title: Date:				

Please sign and return this document to the following address by May 23, 1995.

Washington Department of Ecology Water Quality Program Stormwater Unit PO Box 47696 Olympia, WA 98504-7696

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